Commonwealth of Virginia - Department of Soc		AGENCY USE ONLY:								
Locality/FIPS	Case #		Date Application Received			i	Worker #			
PLEASE ANSWER ALL QUESTIONS COPART I	OMPLETELY	COOLING A	ASSISTANCI			In what city or c	county do you liv	accepted from June 15 to		
NameLast		First		Middle I	nitial			ispanic or Latino?		
Race (Circle One) 1. White 2.	Black or Africa	n American 3. Americ	can Indian or Ala	skan Nat	ive	4. Asian 5.	Native Hawaiiar	n or other Pacific Island	der 0. Other	
Service Address	City/State						Zip	_ Day Phone:		
Mailing Address			City/State				_Zip	_ Home Phone:		
Directions to home								Email Address		
PART II1. What is your cooling need? (Check all	that apply) (V	ou cannot receive a window	air conditioner it	f von hav	e a wo	rking air condition	ner of any type)			
A. Pick up portable fan				-		_		ment of electric deposit		
E. Purchase/install ceiling, attic of			_				-	-	onditioner	
 Circle the letter that best describes yet. I own or am buying my home and periods. I own or rent my home and do not periods. I pay rent and also pay for cooling. I pay rent & my cooling is included. I live in subsidized housing Section and occasionally pay excess usage of the section. Are all people in your household Universely. 	pay all cooling by a cooling by a cooling by separately. I in the rent pay a s, HUD, Publicharges.	bills. G. I li II. I li L. I li ment. c Housing, Q. I li	ve in Section 8 h ve in one room in ve in an institution ve rent-free in mo ve in an emergen	ousing, I n someon on, group ore than o acy shelte	HUD, at else home one rocer. I ha	subsidized housin 's house. c, treatment center om, house or apar ave arranged to mo	or home for adurtment and pay for ove into a house,	or heat/cooling. , apartment or more tha	n one room.	
4. Is anyone in your household disable	ed?YES	NO If yes, w	ho?							
How many people live in your housList yourself first and every person livi			Jumber for every	one who	lives	in your home. Co	mplete informati	ion for each person.		
NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING Y N		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF I Employer for earned inc Self-employed, Social Secu Veterans benefits, Child Sup	ned income, al Security, SSI,	
	Self									
	2011									

6. Circle ALL types of household		B. Social Securi	•	D. Unemployment	E. Employment or Self-en		. General Relief			
	orker's Compensation Q. Sup	-			Other: specify					
7. Do you receive a check from th	e Division of Child Support Enf	Forcement?YES	NO How i	nuch? Who	pays the child support?					
8. Did you or any household mem	ber receive Fuel, Crisis, or Cool	ing Assistance in th	e past 12 months?	YESNO If ye	es, case name					
9. Does any household member re	ceive SNAP benefits (formerly !	Food Stamps)?	YESN	O If yes, case name_						
10. Does anyone pay for Medicare	e, Part B or D insuranc	e?YESNO	If yes, who?		How muc	ch? \$				
11. Does any household member r	eceive Medicaid?	YESNO	If yes, case nam	e			·			
12. Is Medicaid Home & Commun	If yes, by whom	?	Patient pay amount is \$							
13. Who owns or is responsible fo	r any cooling equipment in your	home?								
14. Circle all the types of cooling	g equipment in your home. W	indow Air Conditio	ner Central Air Co	nditioning Unit Heat l	Pump Portable fan Ceiling f	an Attic fan	Whole House fan Nor	1e		
15. Does the cooling equipment in	your home work?YES	NO	If NO , list all eq	uipment that does NO	T work?					
16. Name and address of the comp <i>Verification from the utility co</i>	pany used for home cooling mpany is needed if you cool with	h electricity. Attacl	ı a copy of your cu	rrent electric bill. Co	omplete the following:					
In whose name is the bill?				Account	Number					
Who is responsible for paying	the bill?		Is utility pa	yment made by an a	utomatic monthly withdraw	al or debit/cred	it payment?YES _	_NO		
17. Where else have you applied f	or this assistance?									
18. Do you have a heating expense	e?YESNO If Y	ES, what is your fu	el type? Circle	the fuel used most free	quently to heat your house.					
CIRCLE ONLY ONE. 1.	Electricity 2. Natural Gas	3. Oil (#2)	4. Clear Kerosene	5. Coal 6. Wo	ood 7. LP/Bottled Gas	0. Red Kerosene	2			
19. Name and address of the comp	pany used for home heating									
20. What is the account name on	your heating bill?			What is the acco	ount number on your heating	bill?				
21. Circle the primary heating equ	ipment used to heat your home.	Circle only one	A. Fu	mace B. Radia	ator C. Portable Heate	er D. V	ented Space Heater			
	E. Baseboard Heat	F. Heat Pump	G. Fireplace	H. Wood/Coal Sto	J. Cook stove	K. None	L. Unknown			
I certify that the above statement occur in my situation. I underst services has granted permission race, color, national origin, religible, I may be breaking the applicant to obtain assistance from this application or that I may Department of Social Services I have received or requested assistance for the services of the services o	tand that I or any member of a to sell. Any benefits receive gion, sex, age, or disability. I law and could be prosecuted or which he/she is not eligible to obtain any verification to essistance.	and correct to the l my household car ed must be used for If I give false info for perjury, larcer e, I may be breaking es of research, eva establish my house	nnot sell merchand or the purpose apprenation, withhold by and/or fraud. It ing the law and couluation, and analy whold's eligibility	edge. I will notify the dise purchased on material and information, fail to fill I completed, or assuad be prosecuted. It was to the extent allows for assistance or to go the distribution of the distributio	y behalf through the progresomplaint if I feel I have be report changes promptly, disted in completing this apford understand the Department owed by state and federal legive information in my case	am unless the leaven discriminate or obtain assistant of Social Seraw. My signate se record to other	ocal department of so ted against because of ance for which I am nand aided and abetted vices may use informure authorizes the er organizations from	cial f my not l the ation		
					Date					
032-03-0657/04 (5/12)	ı by:	Page 2 of 2								